

Foster Family Home - Corrective Action Report

Provider ID: 1-561036

Home Name: Melody Pelegreen, CNA

Review ID: 1-561036-7

1029 Hulakui Drive

Reviewer: Angelica Galindo

Honolulu

HI 96818

Begin Date: 12/17/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/17/18. Corrective Action Report issued during home visit with all items due to CTA by 1/17/2019.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) & 7.1.(a)(2) - No proof of 1st set of APS/CAN and Fingerprints for HHM#2 and HHM#3 in home folder.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) - No proof of TB Clearance for CG#1 in home folder for 2018, last done 12/04/15.

41.(f)(1) - No proof of 2018 TB Clearance for HHM#1 in home folder, last done 12/03/15.

AG Galindo, RN

Compliance Manager

M Pelegreen

Primary Care Giver

12/17/18
Date

12/17/18
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Melody N. Pelegreen CNA

CCFFH Address: 1029 Hulakui Dr. Hon. HI 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1) 7.1(a)(2)	APS / CAN and Finger Print for HTM 2+3 Done and In home folder	12/20/18	Home will now use check list of all requirement for PCG + SCG's and place in ^{front} home folder and check first week of every month to ensure all requirements done prior to expiring. Such as background check TB Test and all training
41.(b)(7)	TB clearance screening form obtained for CG#1 and place in home folder with copy of X-ray results.	12/20/18	
41.(f)(1)	TB clearance screening form obtained for HTM and place in home folder with copy of x ray results.	12/20/18	

Primary Caregiver's Signature: 

Print Name: Melody N. Pelegreen PCG Date of Signature: 1/18/2019